



APPLICATION FOR CERTIFICATION AS A MASSAGE THERAPIST BY GRANDFATHERING

State Form 53749 (12-08)

Approved by State Board of Accounts, 2009

**STATE BOARD OF MASSAGE THERAPY
PROFESSIONAL LICENSING AGENCY**
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2051
E-mail: pla6@pla.IN.gov
www.in.gov/pla

INSTRUCTIONS: Please print clearly in ink.

*Your Social Security number is being requested by this state agency in accordance with IC 4-1-8-1. Disclosure is mandatory, and this record cannot be processed without it.

FOR OFFICE USE ONLY

APPLICATION FEE	
DATE FEE PAID (month, day, year)	
RECEIPT NUMBER	
CERTIFICATE NUMBER ISSUED	
DATE CERTIFICATE ISSUED (month, day, year)	
CERTIFICATE OBTAINED BY	

APPLICANT

Attach one (1)
passport type
quality photograph
of yourself taken
within the last
eight weeks.

DO NOT WRITE ABOVE THIS LINE

APPLICANT INFORMATION

Name (last, first, middle, maiden or previous)		
Address (number and street or rural route)		
City, state, and ZIP code		
Social Security number *	Date of birth (month, day, year)	Place of birth
Work telephone number ()	Home telephone number ()	Email address

METHOD OF OBTAINING CERTIFICATION

Please check all that apply:

- ☐ I was engaged in the practice of massage therapy in Indiana after June 30, 2001, and before July 1, 2009; and
- ☐ I can provide the board with Internal Revenue Service income tax return forms from two (2) consecutive years that reflect that I have been employed in the practice of massage therapy; or
- ☐ I can provide the board with business records from two (2) consecutive years that reflect that I have been employed in the practice of massage therapy; or
- ☐ I have completed at least five hundred (500) hours of supervised classroom and hands on instruction in massage therapy; or
- ☐ I have completed a program in massage therapy that is accredited by the Indiana Commission on Proprietary Education or another state where the standards for massage therapy education are substantially equivalent to the standards in Indiana; or a program at an institution of higher learning that is approved by the board.
- ☐ Before July 1, 2007, I enrolled in a massage therapy school or program that required at least five hundred (500) hours of supervised classroom and hands on instruction; and that program was in good standing with a state, regional, or national agency of government charged with regulating massage therapy or programs; and before January 1, 2008. I completed the requirements of the massage therapy school or program.

EDUCATION INFORMATION

Have you graduated from high school or obtained a GED? (If yes, please provide information below)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of school	Location (city and state)	Date of diploma / GED (month, day, year)		

MESSAGE THERAPY PROGRAM INFORMATION

APPLICANTS MUST ATTACH AN ORIGINAL OR NOTARIZED COPY OF TRANSCRIPTS OR CERTIFICATE OF COURSE COMPLETION.

Name of course provider	Date started (month, day, year)	Date completed (month, day, year)
Location (city and state)	Number of credit hours completed	

OTHER STATE LICENSURE / CERTIFICATION / REGISTRATION / PERMIT

Do you now hold, or have you ever held, a license / certificate / registration / permit to practice or perform any regulated profession by a state licensing board?

☐ Yes ☐ No

(If yes, list all states below, including Indiana, in which you have held license / certification / registration / permit to practice any state regulated profession.)

TYPE OF LICENSE / CERTIFICATE / REGISTRATION / PERMIT	STATE	LICENSE NUMBER	DATE ISSUED	CURRENT STATUS

If your answer is **"yes"** to any of the following, explain fully in a signed and notarized statement, including all related details. Include the violation, location, date, disposition. Letters from attorneys are not accepted in lieu of your statement. Falsification of any of the following is grounds for permanent revocation of a certificate issued pursuant to this application.

- | | |
|--|--|
| 1. Has disciplinary action ever been taken regarding any health license, certificate, registration or permit you hold or have held? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have you ever been denied a license, certificate, registration or permit to practice or perform any regulated occupation in any state (including Indiana) or country? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have you ever been convicted of, pled guilty or <i>nolo contendere</i> to any offense, misdemeanor or felony in any state? (except for minor violations of traffic laws resulting in fines) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Are you currently, or have you ever been, listed on a national or state registry of sex offenders? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Have you ever been charged with or convicted of prostitution, rape, or any other sexual misconduct? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

APPLICATION AFFIRMATION

I hereby swear or affirm under the penalties of perjury, that the statements made in this application are true, complete and correct.

Signature of applicant	Date signed (month, day, year)
------------------------	--------------------------------

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency or the State Board of Massage Therapy, any files, documents, records or other information pertaining to the undersigned, requested by the Agency, the Board or any of its authorized representatives in connection with processing my application for certification.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any such information.

I further authorize the Professional Licensing Agency or the State Massage Therapy Board, to disclose to the aforementioned persons, firms, officers, corporations, associations, organizations, and institutions any information which is material to my application, and I hereby specifically release the Agency and the Board from any and all liability in connection with such disclosures.

A photostatic copy of this authorization has the same force and effect as the original.

AFFIRMATION

I hereby swear or affirm that I have read the above statements and agree to same.

Signature of applicant	Date signed (month, day, year)
------------------------	--------------------------------